

COVID-19 Performance Report

January 2021



Regional Context (1 of 2)

Context

Chart 1 provides regional data on critical care bed usage by patients across the East of England who were either confirmed as COVID-19 positive or were awaiting test results. The chart shows that on the 31st March the region's aggregate baseline critical care capacity was breached. The region hit a peak of 386 patients in critical care beds on 11th April which represented an increase of almost 86% on top of baseline level 3 capacity. On 7th May the region stepped back down to within aggregate baseline capacity levels.

The region's aggregate baseline critical care capacity was once again breached on 28th December and as at 21st January 2021, the reported figure stood at 391 COVID-19 patients in CCA beds, which is 89% above baseline level 3 capacity.

In wave 1 the Trust saw the highest numbers of COVID-19 positive patients requiring critical care across the East Region by hospital site (Chart 2). In wave 2 the Trust is experiencing the second highest number of patients in the region, with CUH currently seeing the highest.

Map 1 below shows the occupancy for each area of the region against their maximum safe surge capacity, where we can see the Cambridge Biomedical Campus is currently at 87%. Although this number is lower than other areas in the region, the Biomedical Campus is the surge site for the region and as such holds 30% of the total regional capacity.

Map 1

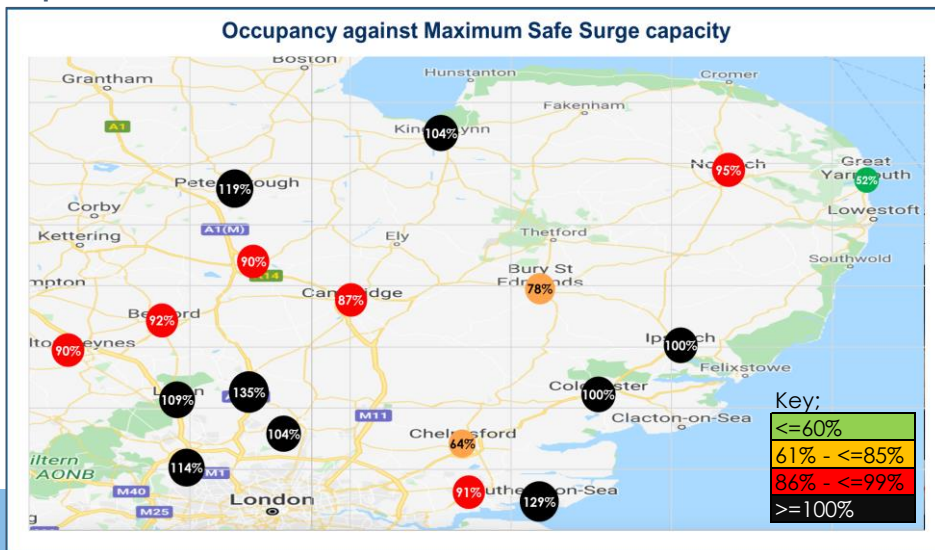
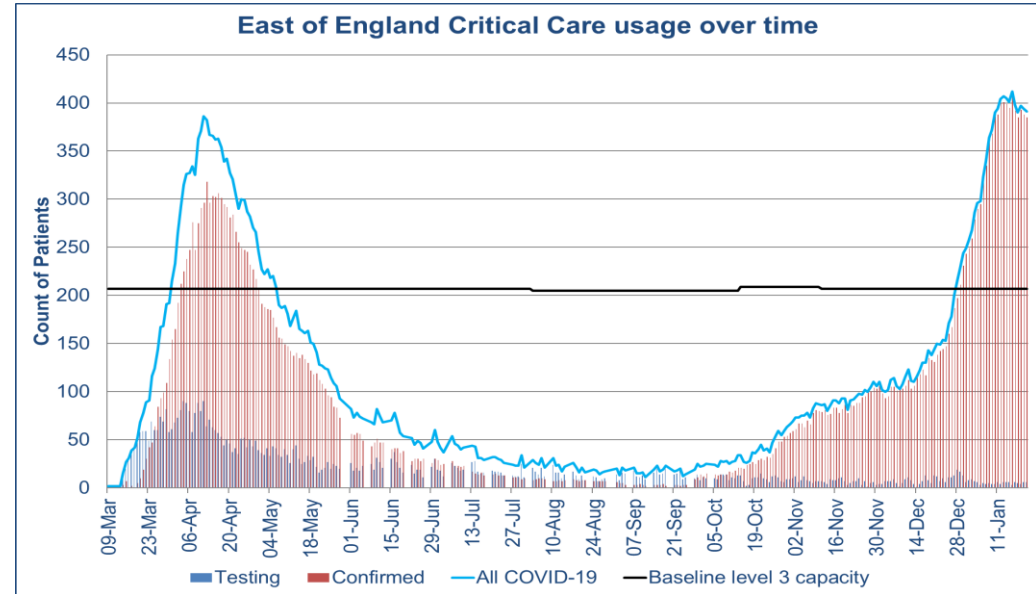
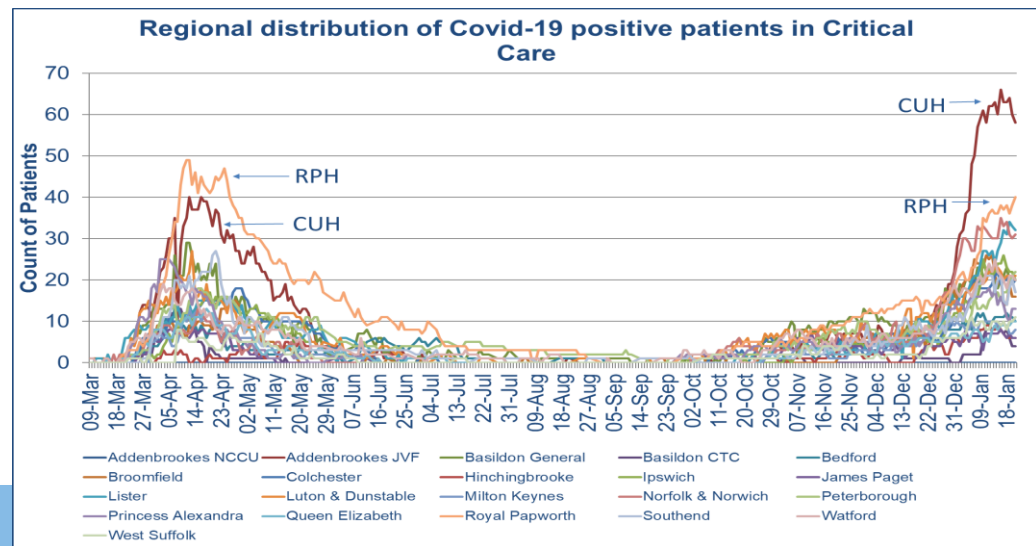


Chart 1



Data Source: East of England Critical Care Operational Delivery Network

Chart 2



Data Source: EoECCN

Regional Context (2 of 2)

In wave 1 the percentage of occupied critical care beds that were occupied by a confirmed or suspected COVID-19 patients was higher at Royal Papworth than across the capacity of the region as a whole (Chart 3). This reflects the extent to which the Trust re-purposed its Critical Care capacity as specialist centre.

At the start of wave 2 the position shifted, with the Trust seeing less of its capacity being used to support COVID-19 compared to the regional average. From the end of October, the rate of growth in the Trust's % of COVID-19 critical care patients then increased compared to the regional position, reflecting the increased demand for ECMO services at Royal Papworth. A further increase can be seen throughout December and into the new year, where the Trust saw an increased demand for Non-ECMO critical care services as well.

Table 1 below shows the mortality rate for all patients treated at the Trust (all ward types included) versus those treated across the region. The Trust's mortality rate for COVID-19 patients as at 19th January is 18.4% vs. the regional rate of 24.7%. This suggests the Trust's performance remains positive compared to peers. However, this may change during the course of Wave 2 due to the profile of patients being treated at Royal Papworth.

Chart 4 shows the mortality rate over time at the Trust and for the region (all ward types included). Since June 2020 the mortality rate at the Trust has stayed broadly at c.19%. On a positive note, the regional mortality rate has now fallen from c.35% to c.25%. The number of deaths, shown in blue, closely mirrors the shape of the chart showing number of cases on the previous page.

Table 1

Totals (up to 19th January)	RPH (all ward types)	EoE (all ward types)
COVID-19 Patients	255	27,380
COVID-19 Deaths	47	6,774
COVID-19 Mortality Rate	18.4%	24.7%

Chart 3

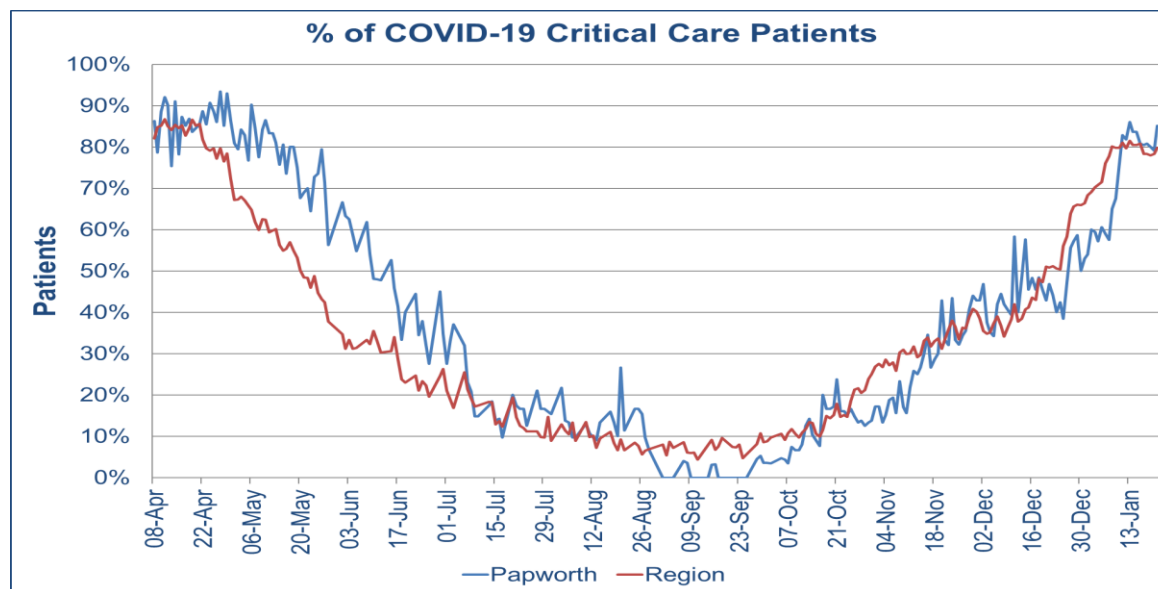
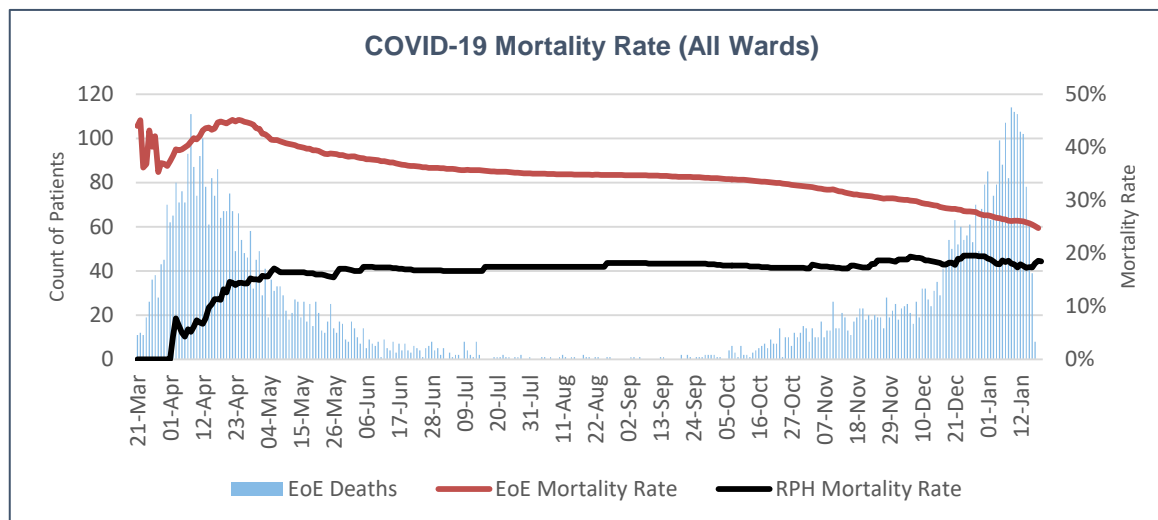


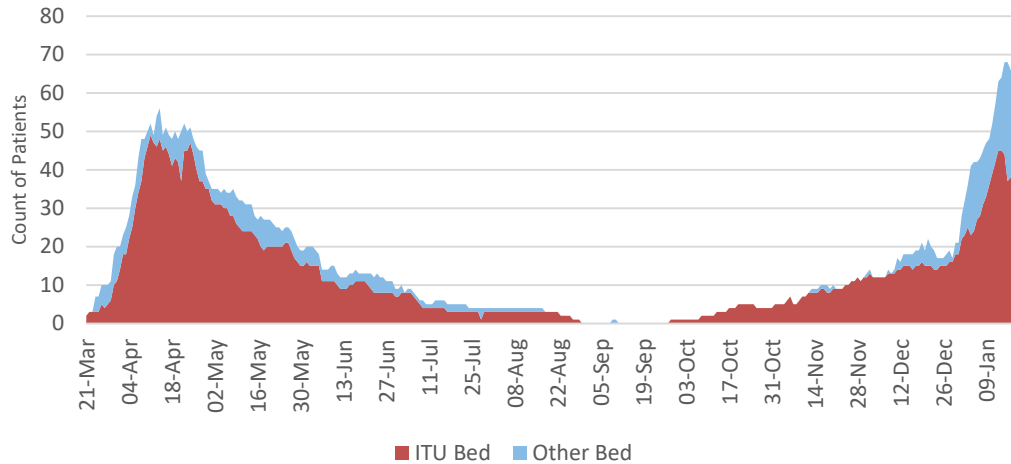
Chart 4



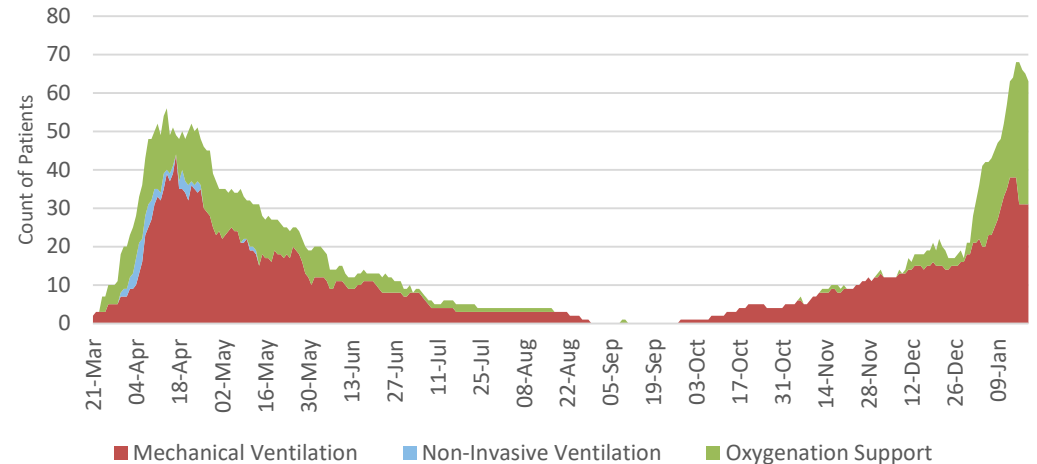
RPH: Where are we now (1 of 2)

COVID-19 Patients by Bed / Treatment / Age Group

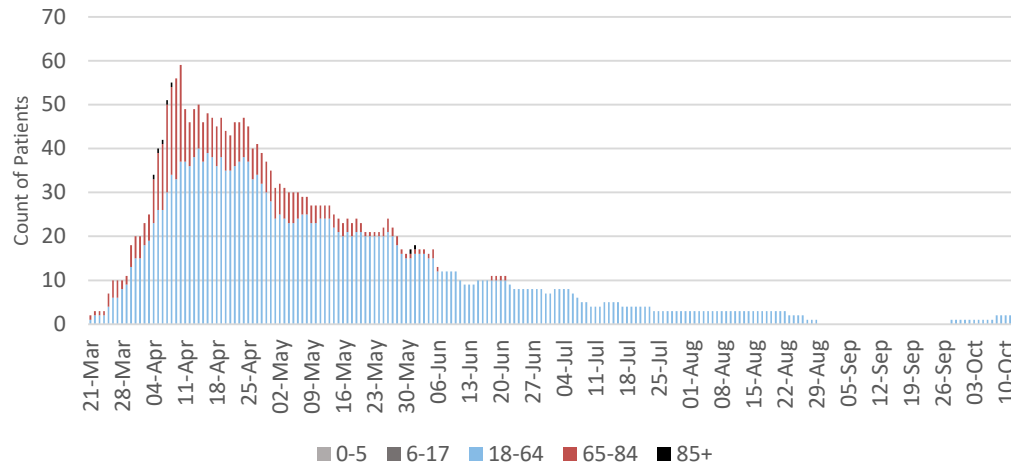
COVID-19 Patients by Bed



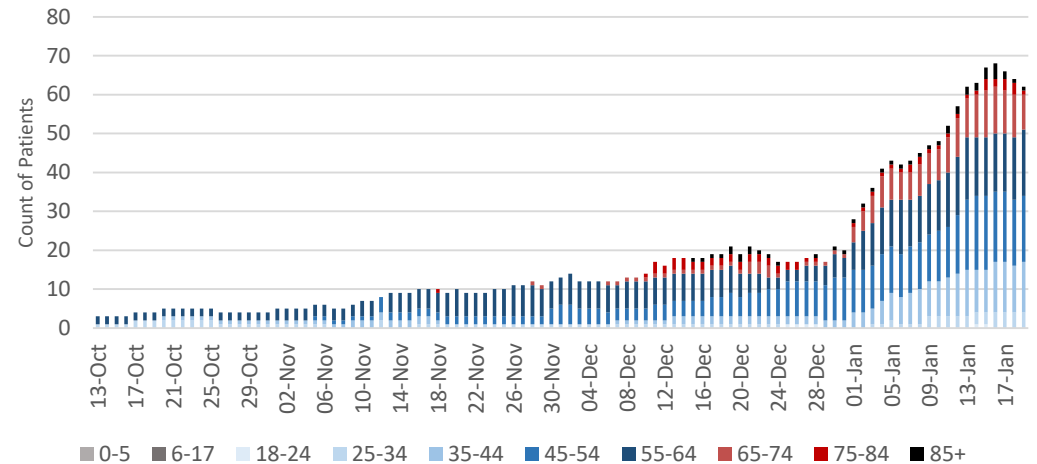
Confirmed COVID-19 Patients by Treatment



COVID-19 Patients by Age Group (Wave 1)

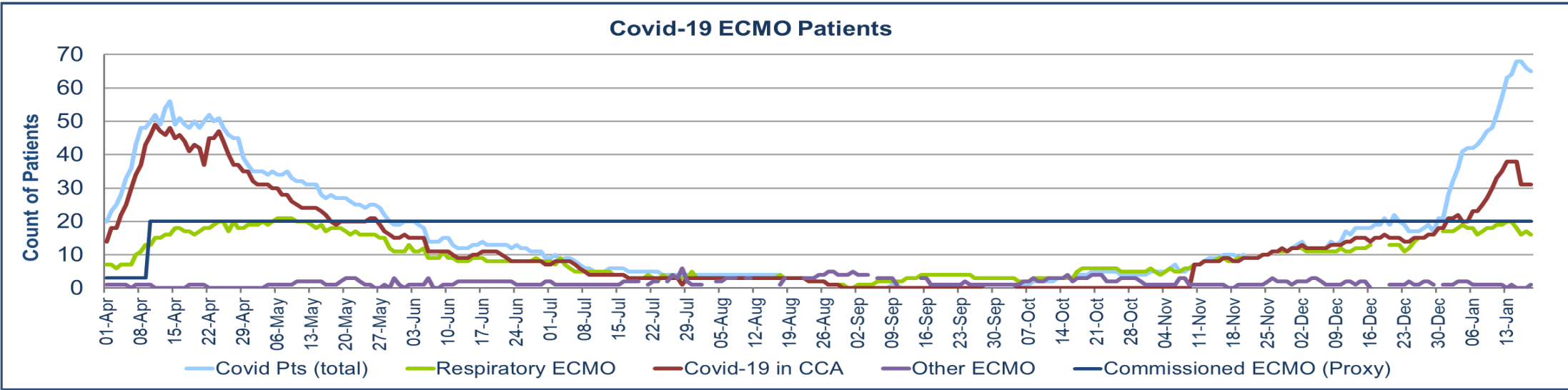


COVID-19 Patients by Age Group (Wave 2)

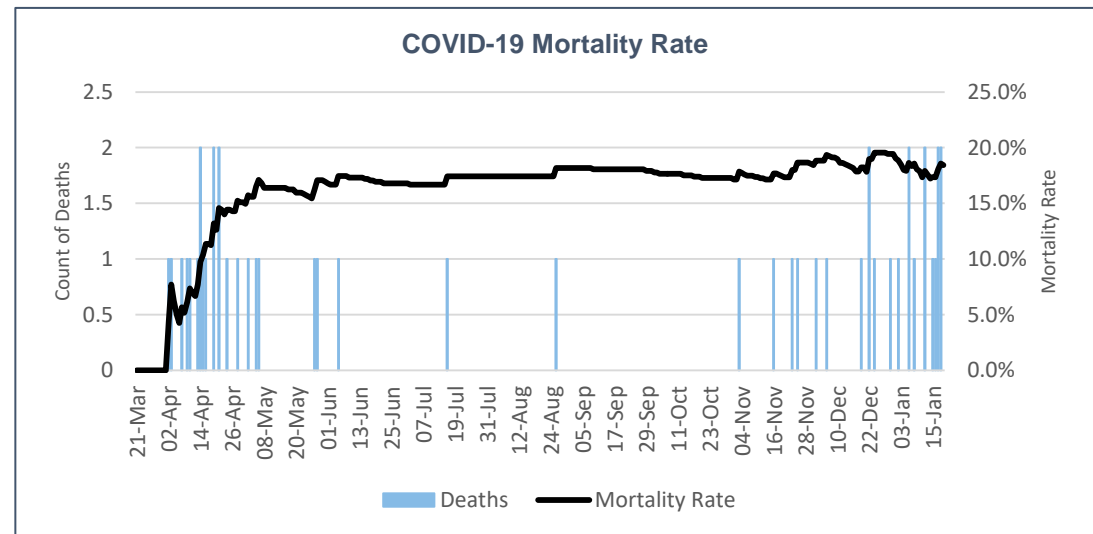
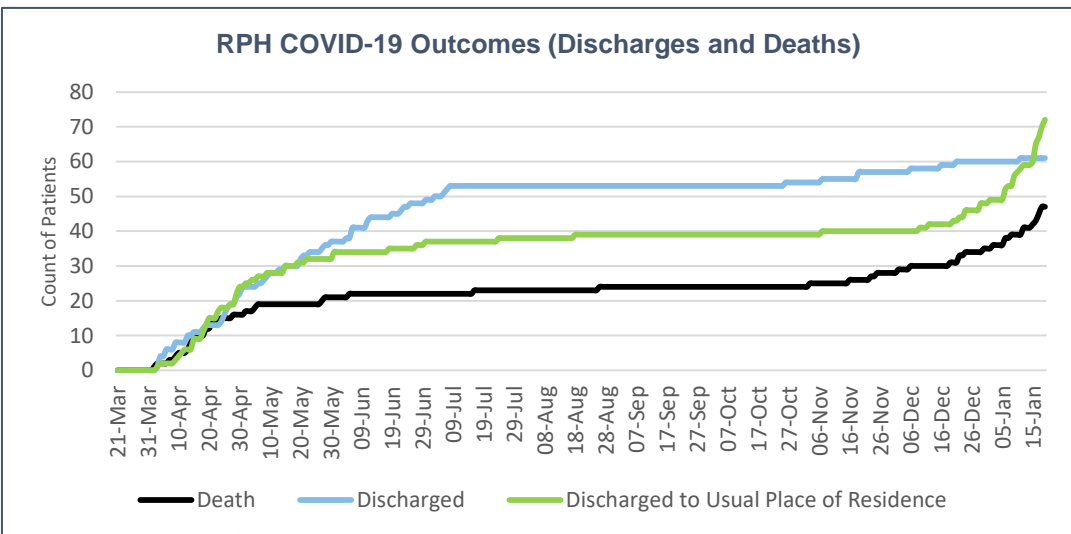


RPH: Where are we now (2 of 2)

COVID-19 ECMO Patients

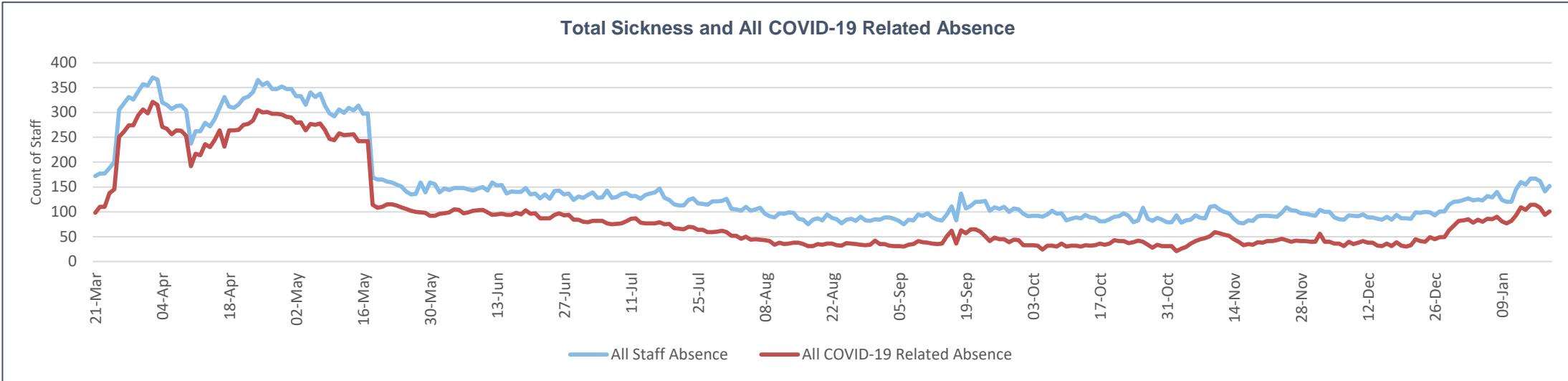


COVID-19 Outcomes and Mortality Rate

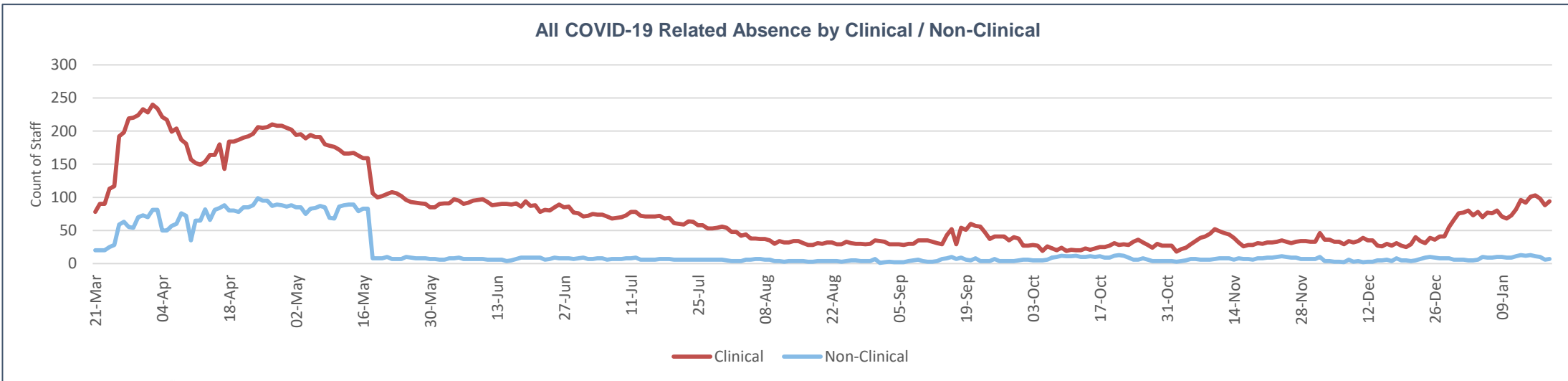


RPH: Staff Absences

Total Sickness and All COVID-19 Related Absence

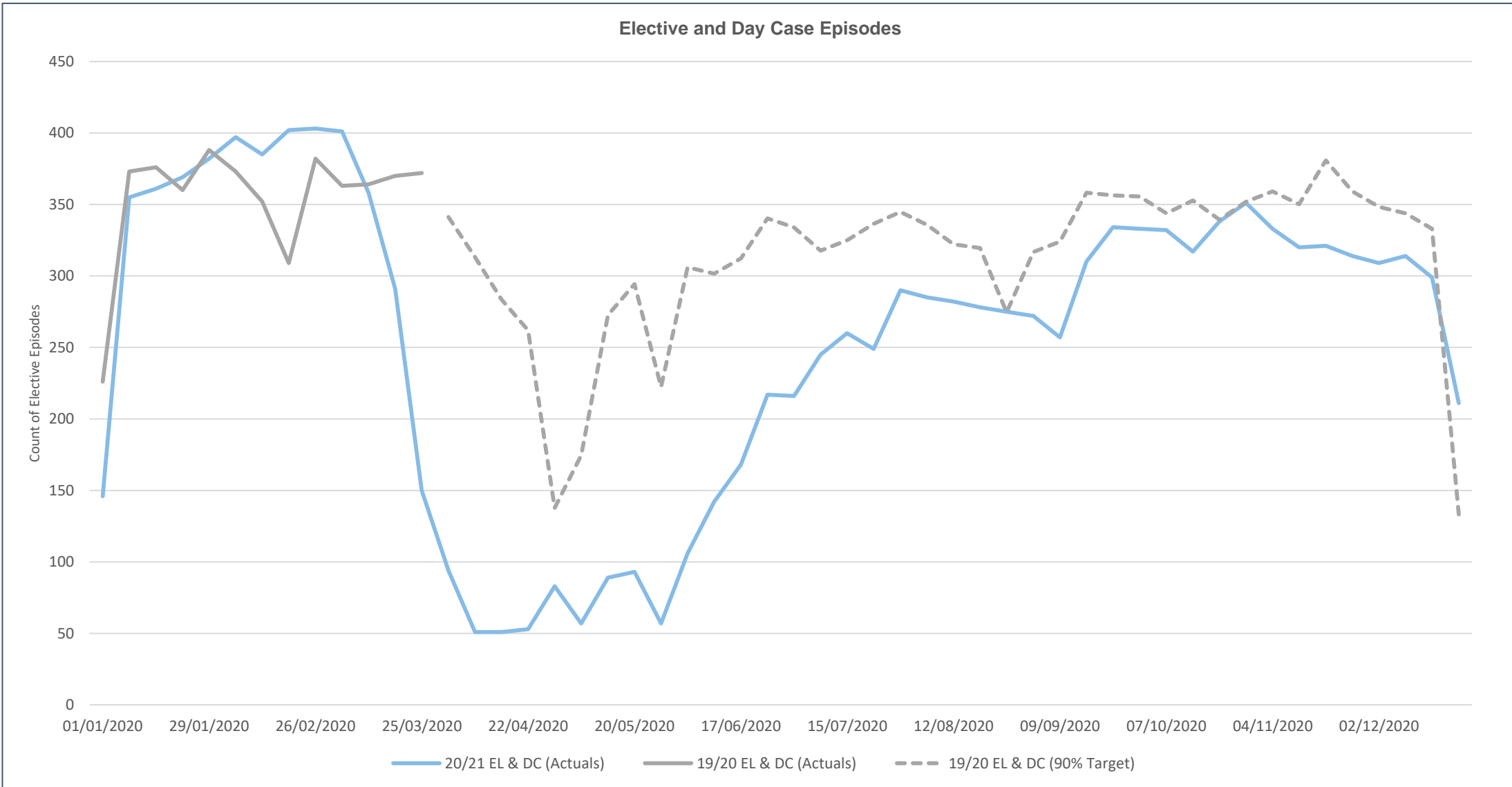


All COVID-19 Related Absence by Clinical / Non-Clinical



RPH: Activity Monitoring (1 of 2)

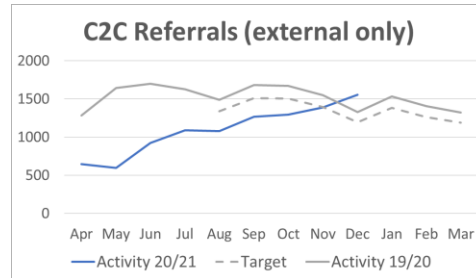
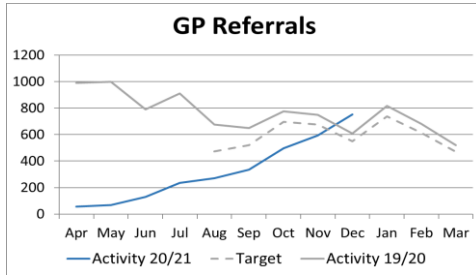
2020 Elective Activity Monitoring



RPH: Activity Monitoring (2 of 2)

2020 Activity Monitoring by POD

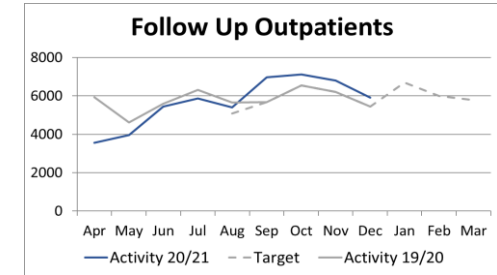
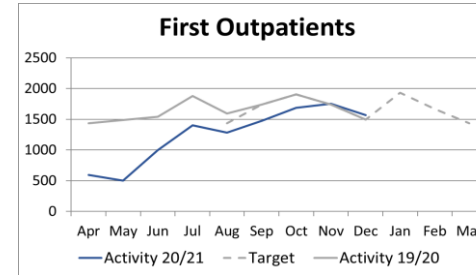
Referrals



GP referrals recovered to pre covid-19 levels in December 2020.

External Cons to Cons referrals recovered to pre covid-19 levels in December. There was a shift at the beginning of 2020/21 in the split between internal C2C referrals and external C2C referrals. In M01-M09 2019/20 the average internal C2C referrals was 27% of all C2C referrals but in the same period in 2020/21 the average was 45%.

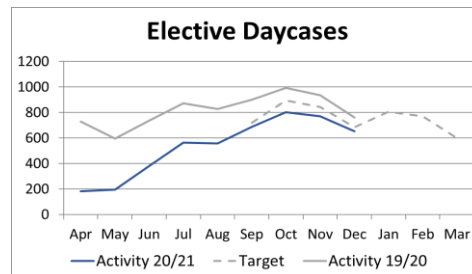
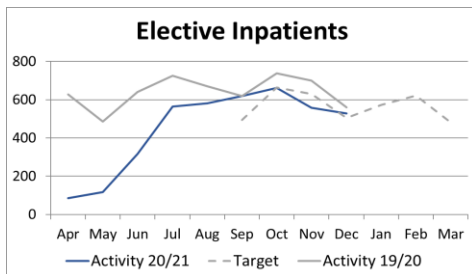
Non-Admitted Activity



First Outpatient appointments recovered to pre covid-19 levels in November and December.

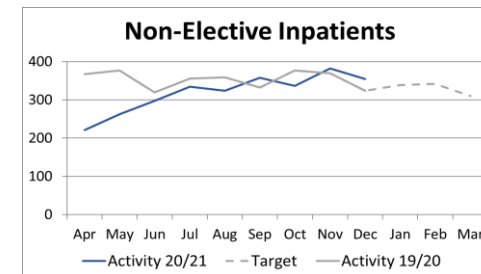
Follow up outpatient attendances have been consistently higher than pre covid-19 levels since September.

Elective Admitted Activity



Both elective inpatient numbers and elective day case numbers have not yet recovered to pre covid-19 levels and are below the target of 90%.

Non-Elective Admitted Activity



No target has been set by NHSI/E for non-elective inpatients as the expectation is that all activity demand will be met. Activity levels are in keeping with 2019/20.

RPH: COVID-19 CCA Surge

CCA Occupancy with COVID-19 Wave 2 Surge Zones

CCA Occupancy (01/11/2020 - 19/01/2021)

Surge Zone	Location	Additional Beds	Total Capacity
BAU	CCA	-	33
Zone 1	CCA	13	46
Zone 2	Day Ward	8	54
Zone 3	1st Floor	7	61

